

Madigan Army Medical Center Referral Guidelines

Ganglions

Diagnosis/Definition

- Ganglion cysts arise from joint capsules or tendon sheaths.
- They are the most common benign soft tissue tumor of the hand and wrist.
- They are filled with inspissated fluid.

Initial Diagnosis and Management

- The anatomical location of ganglion cysts in descending order of frequency is:
 - dorsal wrist
 - radiopalmar wrist, and
 - arising from the annular pulley at the palmodigital crease.
- The history is of an enlarging mass that may vary over time and with activity. Complaints include aching or pain with wrist or digital motion.
- Examination reveals a palpable mass which is usually soft but occasionally firm. The masses are variably tender to direct pressure.
- Additional diagnostic tests include transillumination (digital ganglions usually do not transilluminate), aspiration or ultrasound.
- Initial management may be observation only, splinting to relieve acute discomfort or aspiration if symptomatic.
- Aspiration of volar wrist ganglions may entail significant hazards due to the adjacent location of the radial artery and is possible but not recommended.

Ongoing Management and Objectives

- The objective of initial management is resolution of symptoms, not necessarily disappearance of the cyst.
- Aspiration and even surgical excision frequently results in recurrence.
- More definitive treatment need not be undertaken if the cyst is asymptomatic.
- The active duty patient must be aware that even after surgical excision, the return to pushup rate is less than 50%, and therefore many patients require a P2 profile excluding them from pushups.

Indications for Specialty Care Referral

- Failure to achieve resolution of symptoms with non-surgical management.
- Surgical removal of a ganglion cyst is an elective procedure done at the patient's request.
- Referral to hand surgery should be for surgical treatment only after non-operative treatment has failed.

Criteria for Return to Primary Care

- Successful surgical treatment or refusal of surgical treatment.
- Recurrence rate after surgical excision of a wrist ganglion cyst is between 30 and 60 percent.

Last Review for this Guideline: **November 2012**

Referral Guidelines require review every three years.

Maintained by the Madigan Army Medical Center - Quality Services Division
Clinical Practice and Referral Guidelines Administrator